

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-031687

AMENDED

Registration District No. 378

Primary Registration District No. 6286

Registrar's No. 35

STATE FILE NUMBER

FILED SEP 6 1961

1. PLACE OF DEATH

a. COUNTY

WRIGHT

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

Missouri

WRIGHT

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Length of stay in 1b

Wood 58 yrs

c. CITY  
OR TOWN

NORWOOD

Inside Limits

Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

NORWOOD Route 1

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

ROSA

ELIZABETH

OWENS

4. DATE OF DEATH

Month

Day

Year

Aug 29, 1961

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

5-17-1881

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

TEXAS COUNTY

12. CITIZEN OF WHAT COUNTRY

USA.

13a. FATHER'S NAME

WILLIAM MURR

13b. MOTHER'S MAIDEN NAME

LUCINDA

14. NAME OF HUSBAND OR WIFE

HENRY OWENS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO.

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Leard Barnett

Address

Norwood Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

Several months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-15-61 to 8-24-61 and last saw her alive on 8-24-61

Death occurred at 7:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY-LOCAL REG.

26. REGISTRAR'S SIGNATURE

27. EMBALMER'S SIGNATURE

ADDRESS

28. DATE RECD. BY-LOCAL REG.

29. REGISTRAR'S SIGNATURE

30. EMBALMER'S SIGNATURE

31. ADDRESS

32. DATE RECD. BY-LOCAL REG.

33. EMBALMER'S SIGNATURE

ADDRESS

34. DATE RECD. BY-LOCAL REG.

35. REGISTRAR'S SIGNATURE

36. EMBALMER'S SIGNATURE

37. ADDRESS

38. DATE RECD. BY-LOCAL REG.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. 638

working under my personal supervision.

Student

Stephen E. Anderson

Signature of Student Embalmer

Signed

Ernest C. Craig

Licensed Embalmer No.

4766

P. O. Address

Mountain Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.